

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	04/351286	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2	1		1				52
3	1		1				53
4	1		1				54
5	4		1				55
6	8		6				56
7	0						57
8	1		1				58
9	1		1				59
10	1		1				60
11	1		1				61
12	0		6				62
13	0		1				63
14	0		1				64
15	0		1				65
16	0		1				66
17	1		1				67
18	8		6				68
19	0						69
20	1		1				70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6		5				
TOTAL DEP.	18	↔	15	↔			
TOTAL CLAIMS	23		20				